# The Psychosexual Care of Women affected by Gynaecological Cancers:
A learning resource for healthcare professionals

## Module 5: Sexual health assessment



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# Learning outcomes

- Define the nature of psychosexual problems from the woman's / couple's perspective.
- Assess specific changes leading to sexual problems / dysfunction that can be linked to cancer treatment.
- Explain strategies for women and their partner's that enables them to deal with changes in sexual and intimate practices.
- Identify the range of possible referrals for women needing specialist services.

# Rationale

- Changes to sexual function are common following treatment for gynaecological cancers.
- ALL health professionals are responsible for assessing the effect cancer treatments have on sexuality and intimacy, and then refer women who need specialist care.
- Comprehensive assessment will identify factors that contribute to sexual dysfunction.
- Accurate and comprehensive assessment defines specific sexuality concerns. It helps refer women to the intervention and support they need.

# Activities & examples

## Video

- Anna's story (full)
- Anna's story part 1: Meet Anna
  - Anna's story part 2: Understanding beliefs
  - Carolyn's story part 1: Meet Carolyn
  - Carolyn's story (full)
  - Carolyn's story part 2: Taking a sexual history

## Activities

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| 5.1.1 Activity | 1: Factors leading to psychosexual concerns |
| 5.2.1 Activity | 2: Strategies for psychosexual assessment |
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# 5.1. Key concepts in psychosexual assessment

Before completing Module 5, review Module 3's principles of communication: 3.1: Psychosexual communication principles

Module 3 looks at skills for undertaking psychosexual screening. Module 3

Step one is to set the conditions for allowing the women and her partner to discuss the effect treatment has had on their sexual function.

The next step is to define the precise nature of the problems and the changes the woman has experienced in her sexual relationship.

## Objectives

- Identify physical, psychological and situational factors that contribute to psychosexual concerns in a woman with gynaecological cancer and her partner.

## 5.1.1 The multi-factorial nature of comprehensive psychosexual assessment

Human sexuality is complex. There are many dimensions of sexual dysfunction.

Comprehensive assessment needs to encompass all dimensions of sexuality, because they rarely exist in isolation.

Problems with sexual function following gynaecological cancer treatment can result from physical, psychological or situational factors. Or they can result from a combination of these 3 factors.

Examples:

- **Physical factors** may include:
- vaginal stenosis
- vaginal dryness
- pain
- impaired mobility
- nausea
- lymphoedema.

- **Psychological factors** may include:

- distress about altered body image
- fear about cancer recurrence
- fear that resuming sexual activity can be harmful
- misconceptions about the role of sexual practices and behaviours in the aetiology of the cancer
- history of sexual or physical abuse
- long-standing relationship difficulties or pre-morbid mental health concerns.

- **Social and situational factors** can be more subtle and harder to identify.

They may be overlooked by health professionals. However, they're important to find out, because they give you a complete understanding of the woman's circumstances.

Some examples of situational factors:

- If a long course of treatment, the woman and her partner may have needed to separate for a long time, interrupting their intimate and sexual expression. This may lead to anxiety about restarting sexual activity.
- Extended family members may have moved into the family home to help with childcare and practical tasks. This may change the family dynamics, traditional roles and responsibilities, routines and living arrangements.
- Income loss during treatment may put financial pressure on families. This could negatively affect the couple's relationship.

For more information: Module 2 | Module 4

## Activities & examples

**Activity 1: Factors leading to psychosexual concerns**

1. Use the following headings to make a list of potential factors leading to psychosexual concerns in a woman with gynaecological cancer. (For more information, you may wish to review the related sections in Module 4):

   physical (Section 4.2)
   psychological (Section 4.3)
   situational (Section 4.4).

# 5.2 Elements of a psychosexual assessment

Gynaecological cancer and its treatment have a broad range of effects on the sexuality of a woman and her partner.

These psychosexual effects can alter the well-being of the woman and her partner.

Comprehensive psychosexual assessment covers a broad range of issues about the nature of psychosexual concerns and their effects on a woman and her partner.

## Objectives

- Discuss the key elements of a comprehensive psychosexual assessment.

# 5.2.1. Sexual history

The physical and emotional toll of cancer and its treatment can add to any problems that already exist in a couple's relationship.

It's important to find out the state of the sexual relationship before making a diagnosis.

The rates of sexual dysfunction in the general community occurs in up to 43% of younger women [1] and increases with age. [2] There are any number of factors that can result in sexual dysfunction.

Before assuming any problems are directly linked to cancer treatment and deciding on various interventions, ask these questions:

- What's the general health status of each person in the couple? Conditions, such as cardiovascular disease, diabetes, chronic pain, dementia, hypertension and pulmonary disease can affect sexual function, as can the side-effects of prescription medications and the ageing process.

- What's the couple's history together? Is it a relatively new or long-standing relationship? The frequency and the quality of sexual activity can change over the course of all relationships.

- Is there a history of infidelity or abuse (sexual, physical and / or psychological), either with this partner or a past partner?

- Has the couple been separated or have they had previous sexual difficulties?

- Is there a 'desire discrepancy or mismatch' - one party wants more sexual activity than the other? This may vary throughout the relationship and change at times of significant relationship upheaval, such as upheaval that happens from childbirth, ill health or mental health problems.

- How have past experiences of sexual dysfunction been resolved (if they existed)? How have new sexual practices been negotiated?

## Assessing the woman on her own

Undertake this assessment with the woman on her own. If there have been significant traumatic past events, she may never have discussed them. If there has been abuse by someone other than the current partner, the woman may not wish the partner to know about the abuse.

If there are issues of abuse or dysfunction with the current partner, the woman may not feel comfortable discussing this with the partner present. If the woman does disclose abuse, offer her a referral for specialist assessment and intervention.

## Example questions

Consider the following questions as a guide ...

### Question 1

*'To understand how the cancer treatment may affect your sex life, let's find out how things were for you before being diagnosed with cancer.'*

### Question 2

*'Many people have problems with their sexuality because of things that happened to them in the past. If you have any concerns, I assure you that I'll treat anything you tell me confidentially.'*

### Question 3

*'I understand how difficult it must be for you to talk to me about the sexual abuse you've suffered as a teenager.*

*Is this something you've ever told anybody else?*

*You don't have to tell me everything, but it's important we deal with any affects the trauma has had. This will help us look at the changes in your sexuality from the cancer treatment. Have you seen someone who can help you with this? Would you like me to refer you to someone who can help?'*

### Question 4

*'Most couples have had various stresses in the course of their relationship. Can you think back to a time when you've had some issues that have affected your relationship?*

*How did you deal with those problems?*

*What sort of things helped or didn't help?*

*What was the outcome for your sexual relationship?'*

## References

1 Sexual dysfunction in the Australian population

Authors: Boyle, FM; Cook, MD; Purdie, DM; Najman, JM1; Dunne, MP.
In: Australian Family Physician Volume 32 Issue 11 (2003 Nov), pages 951-4.

2 Physiology and pathophysiology of female sexual function and dysfunction Authors: Berman, JR & Bassuk, J (2002).
In: World J Urol, 20: 111-118.

## Activities & examples

**Activity 2: Strategies for psychosexual assessment**

Watch the sexual assessment video and complete the activity.

**Meet Carolyn - Part 2 Specialist Doctor Women's Health Clinic**

Watch the video

1. Outline the strategies used by the health care professional to understand the couple's sexual practices.
2. List your recommendations for improving this component of a psychosexual assessment.

## 5.2.2. The sexual response cycle

Problems with sexual function can happen at all stages of the sexual response cycle:

- interest / desire  arousal / excitement
- orgasm and resolution.[1][2]

It's important to identify particular problems a woman experiences, because intervention strategies target these problems.

For more information:

Module 6.3: Responding to specific psychosexual sequelae Consider

the following:

- **Interest / desire:** This is the innate physical and emotional need for intimacy and sexual contact, also called libido. It is very variable across life stages and between individuals. A 'desire mismatch' between the individuals in a relationship is a frequent cause of sexual disharmony, regardless of a cancer diagnosis.
- **Arousal / excitement:** This is mental or physical stimulation resulting in feelings of sexual pleasure, and is accompanied by physiological changes that prepare the body for sexual activity. Women with gynaecological cancer are likely to experience impaired vaginal lubrication and dyspareunia (painful intercourse).
- **Orgasm:** This is a short peak in sexual pleasure and release of sexual tension.
- **Resolution:** This is a sense of muscular relaxation and physical and emotional well-being.

## References

1 Disorders of Sexual Desire and Other New Concepts and

Techniques in Sex Therapy Author: Kaplan, HS (1979).

From: New York, NY: Brunner/Hazel Publications. 2

Human Sexual Response.

Author: Masters, WH & Johnson, VE (1966).

From: Boston, MA: Little, Brown.

## Activities & examples

**Activity 3: Review the ALARM model**

1. Review the ALARM model. Identify questions you can use to assess problems with sexual function across the sexual response cycle.

5.3.2. The ALARM model

# 5.2.3. Usual patterns of sexual activity & sexual satisfaction

Specific questions to find out a couple's current pattern of sexuality helps understand what's 'normal' for each woman / couple.

'Normal' is whatever type and frequency of sexual and intimate behaviours make a satisfactory situation for a couple. There's a range of what defines 'normal'.

Consider the following:

- Couples need to place less emphasis on the frequency of penetrative sexual intercourse as the only measure of sexual well-being. Encourage other forms of sexual expression and intimate behaviours (ie. 'outercourse') that provide pleasure for the woman / couple.
- Focus discussion on the degree of satisfaction derived from sexual activities, as well as interest / desire in seeking other forms of sexual expression.
- Find out which one of the couple usually initiates sexual activity and whether this has changed as a result of the cancer.

## Example questions

Consider the following questions as a guide ...

### Question 1

*'You mentioned that fatigue is a big problem for you since finishing treatment. How's this affecting your sex life?*

*Is this different from how things were before you were diagnosed with cancer?'*

### Question 2

*'It's normal in most relationships to experience times where you have a different desire for sex than your partner.*

*Is this an issue for you?*

*It doesn't mean that either of you is 'abnormal' or that somebody's at fault. It's a very common concern after treatment for cancer.'*

### Question 3

*'It's easy to blame everything on the cancer. But it's helpful to look at the specific changes in your relationship that have happened since the cancer treatment.'*

## Activities & examples

**Activity 4: Assessing patterns of sexual activity**

1. Detail how you would assess a couple's usual patterns of sexual activity.

## 5.2.4. Range of intimate behaviours

A common issue is the difficulty in resuming intercourse after post-treatment physiological changes have happened.

If the barriers are mostly physiological (eg. dyspareunia or vaginal stenosis), they may be reversible.

For reversible physiological barriers, the woman and an appropriate member of her health care team should work together to start suitable treatment options.

For more information:

Module 4.2 Physical factors | Module 6.3.5. Managing dyspareunia

For irreversible physiological barriers, rather than causing despair and a sense of hopelessness, reframe the problem. Encourage the couple to be creative about meeting their needs for intimacy without using penetrative intercourse.

For many couples, there's a need to renegotiate sexual intimacy and expectations and what this means within the relationship (in the context of changes brought about by treatment).

This need can be an opportunity to start the couple discussing activities that give them sexual pleasure.

The relationship may be enhanced and invigorated in the long term as a result of them negotiating alternatives.

## Example questions

Specific questions to find out a couple's current pattern of sexuality will help to understand what's 'normal' for each woman / couple.

Some practices may be confronting to health professionals, where these differ to their own. However 'normal' is whatever type and frequency of sexual and intimate behaviours make a satisfactory situation for a couple. There's a range of what defines 'normal'.

Consider the following:

- Couples may need to place less emphasis on the frequency of penetrative sexual intercourse as the only measure of sexual well-being. Assess the couple's willingness to engage in other forms of sexual expression and intimate behaviours (ie. 'outercourse') that provide pleasure for the woman / couple.
- Focus discussion on the degree of satisfaction derived from sexual activities, as well as interest / desire in seeking other forms of sexual expression. For some, this may include interest in using sexual enhancement products such as adult toys.
- Find out which one of the couple usually initiates sexual activity and whether this has changed as a result of the cancer.

Consider the following questions as a guide ...

## Question 1

*'We've spent some time talking about some of the obstacles you face resuming sex (for example, vaginal dryness, fatigue and anxiety).*

*Now let's look at what's good about your relationship. Of course, you've experienced a lot of changes, but what are the things that we can work on that make it good to be together?'*

## Question 2

*'A good sex life is important to a relationship, so it's something I'm happy to talk about if you're comfortable.*

*Lots of couples feel they'll never get back to a sexual relationship that's as satisfying as it was before the cancer treatment.*

*But, instead of feeling like you've lost an important part of the way you relate to each other, would you consider it a chance to reconnect with each other. Perhaps you could talk about how you're going to overcome the issues you experience from the treatment.*

*If intercourse isn't possible or comfortable at the moment, you can consider other ways of being sexual. Do you want to talk about it?'*

### Question 3

*'Many changes happen to both the person who has been treated for cancer and those close to her.*

*It can feel as though you've lost control over everything in your life, and that the treatment just takes over.*

*One of the things you do have control of is your ability to sexually express yourself.*

*It may not be the same as it was before the treatment. But it's a great opportunity to rethink your sexual relationship and find new ways of giving and getting sexual pleasure as a couple. Do you want to talk about it?'*

## Activities & examples

**Activity 5: Assessing intimate behaviours**

1. Detail how you'd assess intimate behaviours that may be acceptable to couples experiencing psychosexual sequelae.

# 5.2.5. Communicating with their partner

When trying to cope with the psychosexual effects of gynaecological cancer treatment, the support of an intimate partner is crucial.

Many couples need to be encouraged to talk with their partner about their personal concerns. Cultural beliefs can also influence communication practices in relation to sexual activity.

The following points are especially important:

- Perceptions about the type of sexual difficulties need to be discussed to make the issues clear between the couple.

- Social norms can inhibit discussing sexual matters openly. Because of this, it is possible the woman hasn't spoken with her partner about the difficulties she's experiencing. Either person in the couple can make assumptions about due to lack of communication.

For example, a woman may think her partner doesn't find her attractive any more, because they're avoiding sexual contact. However, her partner may think it's unreasonable to expect sexual contact while the woman is in the early stages of recovering from treatment.

Again, a partner may see a lack of desire for sexual contact as a personal rejection. However, the woman is actually avoiding sexual contact because she fears pain, anxiety or depression, or she's worried her partner will reject her as sexually unattractive.

It's important to consider the couple's level of comfort.  Introduce and pace such discussions in a sensitive manner.

## Example questions

Consider the following questions as a guide ...

### Question 1

*'You mentioned that you haven't had any sexual activity since the treatment finished, although you'd like to. Can you tell me what's stopping you from initiating sexual activity?*

*You may find it difficult to talk about. But if you talk to your partner about your concerns, you may find they have a different view of things.'*

### Question 2

*'You said you think your partner doesn't want to have sex with you. What do you think might be the reasons for this?*

*Have you asked your partner what they think?*

*One thing's for sure, if you don't talk to your partner about what you want from your sexual relationship, it won't get any better.'*

### Question 3

*'I've found there are many reasons why couples delay restarting their sexual relationship.*

*Sometimes, a woman may feel she's sexually unattractive and that her partner may reject any sexual advances. On the other hand, her partner may feel it's unrealistic to expect her to start having sex after the treatment she's been through.*

*What do you think might be the reasons you're hesitating?*

*It's really important to check this out with your partner to make sure you're not making any incorrect assumptions.*

*Chances are, you're both worried about how things will be when you start having sex again.'*

## Activities & examples

**Activity 6: Assessing communication patterns**

1. Detail how you'd assess a couple's communication patterns relating to their sexual issues.
2. Discuss how you'd use the assessment when providing psychosexual care.

# 5.2.6. Identifying special needs

Sexual dysfunction may not be entirely due to the effects of cancer treatment. There's a number of factors that may affect a woman's perspective about her sexuality and her desire to improve sexual function. These factors are:

- other medical co-morbidities
- the ageing process
- mental health concerns
- progressive cancer
- cultural / religious concerns.

The effects of cancer treatment may be temporary, or at least alleviated by specific interventions. However, problems based on other causes may be more difficult to resolve. Within the limitations of frailty and / or disability, it's always possible to give and receive sexual pleasure. Check with women whether they have an interest in discussing ideas to enhance sexuality.

## Activities & examples

**Activity 7: Psychosexual issues of women with special needs**

1. Discuss how you'd identify and assess the psychosexual issues of women with special needs.

**Meet Anna – Anna's story part 1** Watch

the video

1. Describe the specific psychosexual concerns Anna and her partner are likely to be experiencing.
2. Outline the strategies used by the healthcare professional to understand the couple's psychosexual concerns.
3. List your recommendations for improving this component of a psychosexual assessment.

For more information: Module 3

# 5.3. Frameworks for comprehensive psychosexual assessment

An exploratory questioning technique will help draw out a range of specific sexual issues each woman / couple may experience following a woman's cancer treatment.

In this process, the health care professional seeks to:

- develop trust in the woman / couple
- give permission to discuss sexuality
- provide information about the effect of treatment on sexual function
- normalise and validate psychosexual concerns
- explore the range of possible factors affecting psychosexual function

After drawing out the concerns, there are 2 models you can use to start a more detailed psychosexual assessment.

1. The Schover sexual assessment method.
2. The ALARM model.

Assessment from these models provide the specific interventions and referrals needed for the woman / couple.

Note: The suggested questions within the models are very direct.

## Objectives

- Describe the key elements of the Schover and ALARM frameworks for sexual health assessment.
- Discuss the potential uses of these frameworks in your practice setting.

## 5.3.1. The Schover sexual assessment method

Schover developed a multi-dimensional model of assessment. It provides a structured guide to evaluate any changes in past and present sexual activities, functioning and relationship. It also explores the effect comorbidities, coping skills, psychological status and treatment has on post-treatment psychosexual well-being.

## The SCHOVER sexual assessment method[1]

Consider these questions against each assessment type:

| Evaluate past & present | Example questions |
|---|---|
| Sexual activities | How often do you engage in sexual activities?<br>What sexual practices do you normally engage in? |
| Sexual functioning | Have your sexual experiences changed since the diagnosis / treatment?<br>Are you satisfied with your sexual life? |
| Sexual relationships | Are you currently involved in a sexual relationship?<br>How has this experience affected your relationship with your partner or yourself? |
| **Evaluate current** | **Example questions** |
| Co-morbidities | Do you have any other illnesses or injuries that may affect your sexual functioning? |
| Coping skills | How have you adjusted to the effects of treatment?<br>Have you found any way to overcome this problem? |
| Disease or disability | How's the cancer affecting you physically? Is this affecting your sex life? |
| Psychological status | How are you feeling in general?<br>Are you anxious / sad about anything (related to your sexual life)? |
| Treatment | How has the cancer treatment affected your sexual life / experiences? |
| Identify sexual goals, desires and knowledge | How often would you like to be engaging in these sexual activities?<br>Are there any sexual practices you would like to know more about? |

For the activity, see: 5.3.2. The ALARM model

## References

1 Sexual

dysfunction

Author: Schover, LR (1998).

Editor: Holland, JC.

In: Psycho-oncology

From: New York, Oxford University Press: p. 494-499.

## 5.3.2. The ALARM model (Andersen)

The ALARM model includes and expands on Kaplan's (1979) model of sexual response.[1]

For a definition of ALARM, see the following table (each letter represents a stage in the model). It's a model of assessment and communication about sexuality and the sexual activities of people affected by cancer.

The model looks at:

- Type and level of sexual activity, feelings of arousal, quality and quantity of lubrication and the ability to reach orgasm and resolution following orgasm.
- Current medications, including prescribed, over-the-counter and complementary medications (eg. herbs and vitamins).

Since the model focuses on the physical and behavioural aspects of sexuality, it's important not to overlook other domains of sexual life, such as intimacy, closeness and self-image.

## The ALARM model[2]

Consider these questions against each stage:

| Stage | Description | Example |
|---|---|---|
| Activity | Status / level of current sexual activity | Are you currently involved in a sexual relationship?<br>Are your sexual partners men, women or both? |
| Libido / desire | Level / existence of libido / desire | Do you currently have any interest in sex?<br>Would you say you have less, more or the same level of interest in sex as your partner? |
| Arousal / orgasm | Ability to obtain arousal / orgasm | Do you feel the same level of arousal during sexual activity as you had before treatment?<br>Do you experience orgasm? |

| | | |
|---|---|---|
| Resolution / release / relaxation | Ability to obtain resolution / release / relaxation | How do you feel after sexual activity?<br>Do you feel relaxed after having sex? |
| Medical information | Current, past and concomitant medical information | Are you currently taking any medication?<br>What medication were you taking before you were diagnosed with cancer? |

## References

1 Disorders of Sexual Desire and Other New Concepts and Techniques in Sex Therapy Author: Kaplan, HS (1979).

From: New York, NY: Brunner/Hazel Publications.

2 How cancer affects sexual functioning Author:

Andersen, BL (1990).

In: Oncology, 4(6): 81-88.

## Activities & examples

**Activity 8: Review the Schover and ALARM frameworks**

1. List what you see as the strengths and limitations of the Schover and ALARM frameworks.
2. Identify barriers to using such frameworks in your practice setting.
3. Reflect on how confident you would feel using the frameworks in practice. Discuss how you might integrate these frameworks into your own practice.
4. Identify what steps you will take to enhance your confidence and skills with using these frameworks.

# 5.4. Intervention & referral

Once you've finished the assessment, you can identify appropriate interventions and referrals.

## Objectives

- Describe the link between assessment data and intervention for psychosexual concerns.
- Identify women and their partners who may need to be referred to specialist services for treatment of psychosexual concerns.
- Make a list of sexual counselling services that may be used in your practice setting.

## 5.4.1. Principles for intervention and referral

Consider the following:

- Interventions to address sexual difficulties need to be tailored to the individual based on the issues identified during the assessment.
- The outcome of the assessment determines the appropriate referral pathway.
- The timing of the referral is crucial. If it happens too soon after the completion of treatment when physical side-effects are at their worst, the woman may feel a sense of failure and hopelessness. This is reinforced if acute symptoms make them unable to participate in, and commit to intervention strategies.
- Difficulties arise in applying standard sexual counselling techniques to unwell people. This is because some aspects of the sexual difficulties (eg. fatigue and pain) can't be addressed while physical well-being is impaired.

A small number of women and their partners need to be referred to a specialist sexual counselling service.

## Specialist referral

Specialist referral is needed when:

- There's a history of serious pre-existing sexual dysfunction, abuse history or psychological issues.
- There's an identified 'sexual disorder'; eg. arousal or orgasmic dysfunction, premature ejaculation, erectile dysfunction or severe vaginismus.
- Problems don't respond to less intensive interventions.
- The woman and / or couple feels more comfortable discussing these issues with a specialist service.

## Specific strategies and interventions

Module 6 reviews strategies and interventions for managing specific psychosexual sequelae associated with gynaecological cancer.

Module 6.2. Framework for intervention

## Activities & examples

**Activity 9: Create a referral list**

1. Make a list of services available in or linked to your service that you'd use if referral is needed.

# 5.6. Supporting learning resources

Sexuality and cancer.

Author: Andersen & Lamb (1995).

Editors: Murphy, GP, Lawrence, W & Lenhard, RE.

In: American Cancer Society Textbook of clinical oncology, 2nd ed.

From: Atlanta. GA: American Cancer Society. p. 699-713.

Physiology and pathophysiology of female sexual function and dysfunction Authors:

Berman, JR & Bassuk, J (2002).

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Psychosocial Care of Cancer Patients: A Health Professional's Guide to What to Say and Do Authors:

Hodgkinson, K & Gilchrist, J (2008).

From: Melbourne: Ausmed Publications Pty Ltd.

Sexual desire disorders (hypoactive sexual desire and sexual aversion).

Author: Kaplan, HS & Gabbard, GO (1995).

In: Treatments of psychiatric disorders, 2nd ed., Vols. 1 and 2, p. 1843-1866.

Sexual Assessment: Research and Clinical Author:

Krebs, LU (2007).

In: Nursing Clinics of North America, 42(4): 515-529.

Sexual assessment in cancer care: concepts, methods, and strategies for success Author:

Krebs, LU (2008).

In: Seminars in Oncology Nursing, 24(2): 80-90.

Sexual dysfunction in the United States. Prevalence and predictors Authors:

Laumann EO, Paik A, Rosen RC.

In: JAMA 1999; 281: 537-544.

Sexuality assessment: 10 strategies for improvement Author:

Mick, JM (2007).

In: Clinical Journal of Oncology Nursing, 11(5): 671-675.